Image# 15951460734 PAGE 1 / 31

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or outer man	All Additionized				Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		mple: If typir the lines.	ig, type	12FE4M5	
Americas Health Insura	ance Plans PA	AC (AHIP PA	C)	1 1 1 1		
ADDRESS (number and street)	601 Pennsylvania	Avenue, NW				
Check if different	South Building, So	uite 500				
than previously reported. (ACC)	Washington				DC	20004
2. FEC IDENTIFICATION NU	JMBER ▼	CITY 🛦		;	STATE A	ZIP CODE ▲
C C00106740		3. IS THIS REPORT	~	IEW N) OR	AN (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	240 0	Mar 20 (M3)		lun 20 (M6)	H	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q	(1)	Apr 20 (M4)		lul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q	(c) 12-Day PRE-EI	ection	Primary (12P		General	
October 15 Quarterly Report (Q	Report (3)	for the:	Convention (120)	Special (125)
January 31 Year-End Report (Y	E)	Election on	M M /	D D /	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-E	Election	General (300	i)	Runoff (3	Special (30S)
Termination Report (TER)	перин	Election on	M = M /	D D /	Y . Y . Y . Y	in the State of
5. Covering Period 05		2015	through	M M M	31	2015
I certify that I have examined thi	is Report and to th	e best of my kno	wledge and b	pelief it is tru	ie, correct and	d complete.
Type or Print Name of Treasurer	Charles W. Stella	r				
Signature of Treasurer Charl	les W. Stellar		[Electronically	Filed]	Date 06	/ D D / Y Y Y Y Y Y O O O O O O O O O O O O O
NOTE: Submission of false, errone	eous, or incomplete	information may su	bject the pers	son signing th	nis Report to the	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 05 01 2015 To: 05 31 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		47941.84
	(b) Cash on Hand at Beginning of Reporting Period	58480.33	
	(c) Total Receipts (from Line 19)	6729.28	100436.07
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	65209.61	148377.91
7.	Total Disbursements (from Line 31)	17500.00	100668.30
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47709.61	47709.61
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	6112.42	48340.43
(ii) Unitemized	, 616.86	7095.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	6729.28	55436.07
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	45000.00
(such as PACs)	7 /7	1000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	6729.28	100436.07
Totals to Line 33, page 5) Transfers From Affiliated/Other	0,23,23	
Party Committees	0.00	0.00
,	7	
All Loans Received	0.00	0.00
	, , , , , , , , , , , , , , , , , , , ,	
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	, , , , , , , , , , , , , , , , , , , ,	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transfers (add Tota) and Tota)	0.00	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	6729.28	100436.07
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	6729.28	100436.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calcillati ical-to-bate
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	0.00	168.30
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	168.30
Transfers to Affiliated/Other Party	0.00	0.00
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	17500.00	95500.00
Independent Expenditures	0.00	0.00
(use Schedule E)Coordinated Party Expenditures	7	7
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
,		
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
Ī		200
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5000.00
(505)1 05 17(55)		
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	5000.00
Other Dishurasmants	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	17500.00	100668.30
		7 7
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	17500.00	100668.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	6729.28	100436.07
4. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6729.28	95436.07
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	168.30
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	168.30

FOR LINE NUMBER: PAGE 6 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

31

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015060115754-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Vice President Americas Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 29 2015 City State Zip Code Transaction ID: 2015060115742-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Americas Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1275.00 Other (specify) Full Name (Last, First, Middle Initial) c. Tom Amontree Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 05 15 2015 Suite 500, South Building City State Zip Code Transaction ID: 2015060115754-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Business Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 2083.30 Other (specify) 458.33 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 7 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

31

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Tom Amontree Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015060115742-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Business Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 2083.30 Other (specify) Full Name (Last, First, Middle Initial) B. Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 15 2015 City State Zip Code Transaction ID: 2015060115754-5 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 2083.30 Other (specify) Full Name (Last, First, Middle Initial) c. Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 29 2015 City State Zip Code Transaction ID: 2015060115742-5 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 2083.30 Other (specify) 624.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE	PAGE		8 C)F	31			
for each category of the	(check only one)								
Detailed Summary Page	X 11a		11b		11c		12		
Botanea Cammary 1 ago	13		14		15		16		17

	and Statements may not be sold or used by any persong the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
Americas Health Insurance	Plans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Dianne Bricker		Date of Receipt
Mailing Address 601 Pennsylvania Aven	ue N.W.	M M / D D / Y Y Y Y
Suite 500, South Buildin	ng	05 15 2015
City Washington	State Zip Code DC 20004	Transaction ID : 2015060115754-6
Washington	20004	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	1
America's Health Insurance Plans	Regional Director]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 0	1
Other (specify) ▼	491.70	
Full Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt
Mailing Address 601 Pennsylvania Avenu		M = M / D = D / Y = Y = Y
Suite 500, South Buildin		05 29 2015
City Washington	State Zip Code DC 20004	Transaction ID : 2015060115742-6
Washington	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	7
America's Health Insurance Plans	Regional Director	1
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	491.70	
Full Name (Last, First, Middle Initial) C. Kathleen Callanan		Date of Receipt
Mailing Address 601 Pennsylvania Aven Suite 500, South Buildir	ng	05 15 2015
City	State Zip Code	Transaction ID : 2015060115754-7
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	1
America's Health Insurance Plans	Vice President]
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		1
Other (specify) ▼	833.30	
SUBTOTAL of Receipts This Page (option	nal)	166.67
	<u> </u>	
TOTAL This Period (last page this line nu	ımber only)	

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 9 OF

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	ck onl 11a 13	y or	ne) 11b 14	11	c _	12 16	17
any information copied from such Reports and Statements may refor commercial purposes, other than using the name and a									
	·								

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance P	lans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Kathleen Callanan		Date of Receipt
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	N.W.	05 29 2015
City	State Zip Code	Transaction ID : 2015060115742-7
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
America's Health Insurance Plans	Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.30	
Full Name (Last, First, Middle Initial) 3. Winthrop Cashdollar		Date of Receipt
Mailing Address 601 Pennsylvania Avenue	N.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building	Ctata 7in Cada	05 15 2015
City Washington	State Zip Code DC 20004	Transaction ID: 2015060115754-8
	1000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer	Occupation	
America's Health Insurance Plans	Executive Director Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 725.00	
Full Name (Last, First, Middle Initial) C. Winthrop Cashdollar		Date of Receipt
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building		05 29 2015
City Washington	State Zip Code DC 20004	Transaction ID : 2015060115742-8 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer	Occupation	
America's Health Insurance Plans	Executive Director Product Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	725.00	
SUBTOTAL of Receipts This Page (optional)		208.33
TOTAL This Period (last page this line numb	per only)	7 7 7 7

FOR LINE NUMBER: PAGE 10 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015060115754-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General 1041.70 Other (specify) Full Name (Last, First, Middle Initial) B. Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 29 2015 City State Zip Code Transaction ID: 2015060115742-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General 1041.70 Other (specify) Full Name (Last, First, Middle Initial) c. Rebecca Cole Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 05 15 2015 Suite 500, South Building City State Zip Code Transaction ID: 2015060115754-10 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 С federal political committee. Name of Employer Occupation Director, Public Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 312.50 Other (specify) 239.59 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 Use separate schedule(s) (check only one) X 11a 11b 12 11c

31

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Rebecca Cole Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015060115742-10 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation Director, Public Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 312.50 Other (specify) Full Name (Last, First, Middle Initial) B. Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 15 2015 City State Zip Code Transaction ID: 2015060115754-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 05 29 2015 Suite 500, South Building City State Zip Code Transaction ID: 2015060115742-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) 156.25 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

31

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mary Beth Donahue Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015060115754-14 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive VP, Policy & Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 2083.30 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Beth Donahue Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 29 2015 City State Zip Code Transaction ID: 2015060115742-14 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive VP, Policy & Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 2083.30 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 05 15 2015 Suite 500, South Building City State Zip Code Transaction ID: 2015060115754-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 2083.30 Other (specify) 624.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015060115742-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 2083.30 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 15 2015 City State Zip Code Transaction ID: 2015060115754-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 466.70 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 29 2015 City State Zip Code Transaction ID: 2015060115742-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 466.70 Other (specify) 291.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE	NUMBER	: PAGE	E 14 C)F
Use separate schedule(s)	(check onl	y one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
,	13	14	15	16	Г

Any information copied from such Reports and	Statements may not be sold or used by any pers	on for the purpose of soliciting contributions
	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Matthew Eyles Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 City Washington	State Zip Code DC 20004-2601	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Executive Director, Policy & Regulator Aggregate Year-to-Date ▼ 1675.00	Amount of Each Receipt this Period 475.00 Monthly Credit Card Contribution
Full Name (Last, First, Middle Initial) Kathryn Gallagher Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	W. State Zip Code DC 20004 C Occupation Policy Analyst Aggregate Year-to-Date ▼	Date of Receipt 05 29 2015 Transaction ID: 2015060115742-17 Amount of Each Receipt this Period 20.83
Full Name (Last, First, Middle Initial) Candy Gallaher Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	W. State Zip Code DC 20004 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 416.70	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	537.50
TOTAL This Period (last page this line number	only)	

Name of Employer

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE N	NUMBER:	PAGE	E 15 OF	F 3
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Dotailou Guilliai y 1 ago	13	14	15	16	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Candy Gallaher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City State Zip Code Transaction ID: 2015060115742-18 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) **B.** Leanne Gassaway Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 15 2015 City State Zip Code Transaction ID: 2015060115754-19 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 27.08 federal political committee.

America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Regional Director Aggregate Year-to-Date ▼ 270.80	
Full Name (Last, First, Middle Initial) Leanne Gassaway Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Regional Director Aggregate Year-to-Date 270.80	Date of Receipt 05 29 2015 Transaction ID: 2015060115742-19 Amount of Each Receipt this Period 27.08
		95.83

Occupation

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF 31 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Cynthia Goff Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015060115754-20 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation BlueCross and BlueShield of Minnesota **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 833.30 Other (specify) Full Name (Last, First, Middle Initial) B. Cynthia Goff Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 29 2015 City State Zip Code Transaction ID: 2015060115742-20 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation BlueCross and BlueShield of Minnesota **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 833.30 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Hamelburg Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 15 2015 City State Zip Code Transaction ID: 2015060115754-21 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) 291.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER: PAGE 17 OF									31
Use separate schedule(s) for each category of the	`.	ck only	or	ne)				il.		
Detailed Summary Page	×	11a		11b		11c		12		1
		13		14		15		16		17

	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full) Americas Health Insurance F	Plans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Mark Hamelburg Mailing Address 601 Pennsylvania Avenue	e N.W.	Date of Receipt
Suite 500, South Building		05 29 2015
City	State Zip Code	Transaction ID : 2015060115742-21
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	†
America's Health Insurance Plans	Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General		
Other (specify) ▼	625.00	
Full Name (Last, First, Middle Initial) Joni Hong	·	Date of Receipt
Mailing Address 601 Pennsylvania Avenue	N.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building	7: 0 1	05 15 2015
City	State Zip Code	Transaction ID : 2015060115754-23
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	31.25
Name of Employer	Occupation	
America's Health Insurance Plans	Senior Associate Counsel, Special Proj	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1 99 19 11 11 11 11 11	
Other (specify) ▼	312.50	
Full Name (Last, First, Middle Initial)	'	Date of Receipt
Mailing Address 601 Pennsylvania Avenue	a N W	M = M / D = D / Y = Y = Y
Suite 500, South Building		05 29 _ 2015 _
City	State Zip Code	Transaction ID : 2015060115742-23
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.25
Name of Employer	Occupation	_
America's Health Insurance Plans	Senior Associate Counsel, Special Proj	
Receipt For:		-
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	312.50	
SUBTOTAL of Receipts This Page (optional	1)	187.50
TOTAL This Period (last page this line num	ber only)	

	FOF	FOR LINE NUMBER: PAGE 18 (
Use separate schedule(s)	(che	ck only	or	ne)							
for each category of the Detailed Summary Page	X	11a		11b		11c		12			
		13		14		15		16		17	

Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Burt Hudson Mailing Address 601 Pennsylvania Avenue N.	W.	Date of Receipt
Suite 500, South Building		05 15 2015
City	State Zip Code	Transaction ID: 2015060115754-24
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	
America's Health Insurance Plans	Deputy Director, Client Learning Servi	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	416.70	
Full Name (Last, First, Middle Initial) Burt Hudson		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building		05 29 2015
City	State Zip Code DC 20004	Transaction ID : 2015060115742-24
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
America's Health Insurance Plans	Deputy Director, Client Learning Servi	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	416.70	
Full Name (Last, First, Middle Initial) C. Crystal Kuntz		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building		05 15 2015
City	State Zip Code	Transaction ID: 2015060115754-30
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
America's Health Insurance Plans	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	833.30	
SUBTOTAL of Receipts This Page (optional)	•	166.67
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		117

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Crystal Kuntz Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	, , , , , , , , , , , , , , , , , , ,	Date of Receipt 05 29 2015 Transaction ID: 2015060115742-29 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Courtney Lawrence Mailing Address 601 Pennsylvania Avenue N.' Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	W. State Zip Code DC 20004 C Occupation Vice President, Federal Affairs Aggregate Year-to-Date ▼ 833.30	Date of Receipt 05
Full Name (Last, First, Middle Initial) Courtney Lawrence Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	W. State Zip Code DC 20004 C Occupation Vice President, Federal Affairs Aggregate Year-to-Date ▼ 833.30	Date of Receipt 05 29 2015 Transaction ID: 2015060115742-30 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional)	>	249.99
TOTAL This Period (last page this line number	only)	

	FOF	R LINE	NU	MBER	:	PAGE	2	20 O	F	31
Use separate schedule(s)	(che	eck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		117

Any information copied from such Reports and	Statements may not be sold or used by any pers	on for the purpose of soliciting contributions
	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania Avenue N.	W.	Date of Receipt
Suite 500, South Building City	State Zip Code	05 15 2015
Washington	DC 20004	Transaction ID : 2015060115754-32
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 208.33
Name of Employer America's Health Insurance Plans	Occupation Senior Director Public Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.30	
Full Name (Last, First, Middle Initial) 3. Beth Leonard		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.	W.	05 20 2015
Suite 500, South Building City	State Zip Code	05 29 2015 Transaction ID : 2015060115742-31
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation Senior Director Public Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.30	
Full Name (Last, First, Middle Initial) C. Holly Macmoran		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building		05
City Washington	State Zip Code DC 20004	Transaction ID: 2015060115742-33 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer	Occupation	
America's Health Insurance Plans	Program Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	208.30	
SUBTOTAL of Receipts This Page (optional)		437.49
TOTAL This Period (last page this line number	only)	

	FOR LINE N	NUMBER:	PAGE	E 21 O)F 3
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
zotanou cummary r ago	13	14	15	16	

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Amber Manko Mailing Address 601 Pennsylvania Avenue N.	W	Date of Receipt
Suite 500, South Building	•••	05 15 2015
City	State Zip Code	Transaction ID : 2015060115754-35
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer	Occupation	
America's Health Insurance Plans	Deputy Director, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	258.30	
Full Name (Last, First, Middle Initial) Amber Manko		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.\ Suite 500, South Building		05 29 2015
City	State Zip Code	Transaction ID: 2015060115742-34
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer	Occupation	
America's Health Insurance Plans	Deputy Director, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	258.30	
Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building		05 15 2015
City	State Zip Code DC 20004	Transaction ID : 2015060115754-41
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer	Occupation	
America's Health Insurance Plans	Senior Associate Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	625.00	
SUBTOTAL of Receipts This Page (optional)		104.16
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 22 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015060115742-40 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) Full Name (Last, First, Middle Initial) B. Martin Mitchell Jr. Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 15 2015 City State Zip Code Transaction ID: 2015060115754-43 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 258.30 Other (specify) Full Name (Last, First, Middle Initial) c. Martin Mitchell Jr. Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 29 2015 City State Zip Code Transaction ID: 2015060115742-42 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 258.30 Other (specify) 104.16 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 23 OF 31 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Sara Pescatello Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015060115742-44 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Associate Receipt For: Aggregate Year-to-Date ▼ Primary General 208.30 Other (specify) Full Name (Last, First, Middle Initial) B. Lawrence Platt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 15 2015 City State Zip Code Transaction ID: 2015060115754-46 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director Receipt For: Aggregate Year-to-Date ▼ Primary General 833.30 Other (specify) Full Name (Last, First, Middle Initial) c. Lawrence Platt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 29 2015 City State Zip Code Transaction ID: 2015060115742-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Director Receipt For: Aggregate Year-to-Date ▼ Primary General 833.30 Other (specify) 187.49 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 24 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015060115754-47 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 29 2015 City State Zip Code Transaction ID: 2015060115742-46 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ingrid Reeves Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 29 2015 City State Zip Code Transaction ID: 2015060115742-47 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Membership Receipt For: Aggregate Year-to-Date ▼ Primary General 208.30 Other (specify) 270.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	IMBER	:	PAGE	2	5 O	F	3
Use separate schedule(s)	(che	ck only	or or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
,		13		14		15		16] ₁ .

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015060115754-50 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Professional Pr Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa Shreve Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 29 2015 City State Zip Code Transaction ID: 2015060115742-49 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Professional Pr Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 05 15 2015 Suite 500, South Building City State Zip Code Transaction ID: 2015060115754-51 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation Executive V.P. America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 2083.30 Other (specify)

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SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

	F	OR	LINE	NU	MBER	:	PAGE	2	26	OF	31
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Detailed Summary Page		X	11a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015060115742-50 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation Executive V.P. America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 2083.30 Other (specify) Full Name (Last, First, Middle Initial) B. Kristin Stewart Smoot Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 29 2015 City State Zip Code Transaction ID: 2015060115742-51 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation **AHIP** Manager, Special Projects Receipt For: Aggregate Year-to-Date ▼ Primary General 208.30 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 15 2015 City State Zip Code Transaction ID: 2015060115754-54 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director**

312.49 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

833.30

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

FOR LINE NUMBER: PAGE 27 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

31

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2015060115742-53 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 833.30 Other (specify) Full Name (Last, First, Middle Initial) B. Kristi Wick Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 29 2015 City State Zip Code Transaction ID: 2015060115742-54 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Digital Media Coordinator Receipt For: Aggregate Year-to-Date ▼ Primary General 208.30 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 104.16 SUBTOTAL of Receipts This Page (optional)..... 6112.42 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 28 OF 31		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only				
	Detailed Summary Page	21b 27		24 25 26 28c 29 30b		
Any information copied from such Reports and State	monte may not be cold or us					
or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
Americas Health Insurance Plans	PAC (AHIP PAC)					
Full Name (Last, First, Middle Initial)			Date of Disbursement			
A. Blumenauer for Congress	Blumenauer for Congress					
Mailing Address 232 NE 9th	05 20	2015				
City	State Zip Code		Transaction ID : 97/	A6717168BF2F655E0		
Portland	OR 97232		Transaction iD . 677	40717100BF2F033EU		
Purpose of Disbursement 2016 Primary		011	Amount of Each Disb	ursement this Period		
Candidate Name		Category/		1000.00		
Earl Francis Blumenauer	amount Fam. 22/2	Type		1000.00		
Office Sought: House Disburs Senate President	ement For: 2016 Primary General Other (specify)					
State: OR District: 03						
Full Name (Last, First, Middle Initial)						
B. Committee for Hispanic Causes/Building Our Lead	Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)					
Mailing Address PO Box 70980	05 27 2015					
City Washington	State Zip Code DC 20024		Transaction ID : F40	01B6A6DFEC00E4266		
Purpose of Disbursement 2015 Contribution	Purpose of Disbursement 2015 Contribution 011					
Candidate Name Committee for Hispanic Causes/Building Our Leadership Diver	sity PAC (CHC BOLD PAC)	Category/ Type		2500.00		
Office Sought: House Disburs	ement For: 2015					
Senate	Primary General					
President State: District:	Other (specify) ▼ Contribution					
Full Name (Last, First, Middle Initial)	Continuation					
C. Dakota Prairie PAC	Date of Disbursement					
Mailing Address 918 Pennsylvania Ave SE	05 / 18	2015				
City	Transaction ID : 0D	670AEF39F5EFDBB6C				
Washington Purpose of Disbursement	Hansaction ib . Ub	OT OALI SƏL SEFDBBOC				
2015 Contribution						
Candidate Name	Amount of Each Disb					
Dakota Prairie PAC		1000.00				
Office Sought: House Disburs Senate President	ement For: 2015 Primary General Other (specify) ▼					
State: District:	Contribution					
SUBTOTAL of Disbursements This Page (optional)		·····		4500.00		
TOTAL This Period (last page this line number onl	y)	·····•				

SCHEDULE B (FEC Form 3X)		, FOR LINE				
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)			
	Detailed Summary Page		22 X 23 24 25 26 28a 28b 28c 29 30t			
Any information copied from such Reports and Star	tements may not be sold or u	used by any perso	on for the purpose of soliciting contributions			
or for commercial purposes, other than using the n						
NAME OF COMMITTEE (In Full)						
Americas Health Insurance Plans	S PAC (AHIP PAC)					
Full Name (Last, First, Middle Initial)			Data of Dishamanan			
A. Dan Coats for Indiana	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y					
Mailing Address PO Box 301141						
City	Transaction ID : EA4776B8D9D49D7A76					
Indianapolis	IN 46230		Transaction ib . EA4770B0B3B43B7A703			
Purpose of Disbursement Voided 2/10/2015 contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	2500.00			
Daniel Ray Coats		Type	-2500.00			
Office Sought: House Disburs	sement For: 2016 Primary General					
President	Other (specify)					
State: IN District:	(Specify) V					
Full Name (Last, First, Middle Initial)						
B. McHenry for Congress		Date of Disbursement				
Markey Address Bo B		M M / D D / Y Y Y Y				
Mailing Address PO Box 1406		05 27 2015				
City	State Zip Code		Transaction ID : E6D0F609F653B3EFA51			
Hickory Purpose of Disbursement	NC 28603-1406					
2016 Primary		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	4500.00			
Patrick Timothy McHenry		Type	1500.00			
	sement For: 2016					
Senate President	Primary General Other (specify)					
State: NC District: 10	Other (specify)					
Full Name (Last, First, Middle Initial)						
C. Mike Kelly for Congress	Date of Disbursement					
Mailing Address DO Poy 476	Mailing Address PO Box 476					
Mailing Address FO Box 476		05 20 2015				
City	State Zip Code		Transaction ID : E466A6451871DBFCEB6			
Lyndora Purpose of Disbursement	PA 16045					
2016 Primary		011	Assessment of Foods Dichesses and Mrie Docinal			
Candidate Name			Amount of Each Disbursement this Period			
G. Mike J. Kelly		Category/ Type	2500.00			
	sement For: 2016		, ,			
Senate	Primary General					
State: PA District: 03	Other (specify) ▼					
State: PA District: 03						
SUBTOTAL of Disbursements This Page (optional)		1500.00			
	,					
TOTAL This Period (last page this line number on	ly)					

S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 30 OF	31		
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check only	y one)			
		Detailed Summary Page	21b	22 X 23 24 25 28 28b 28c 29	26		
_			27		30b		
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam						
	NAME OF COMMITTEE (In Full)						
$ \rangle$	Americas Health Insurance Plans F	PAC (AHIP PAC)					
_	Full Name (Last, First, Middle Initial)						
Α.	Price for Congress	Date of Disbursement					
	Mailing Address PO Box 425	05 18 2015					
	City	Transaction ID - DD70720D042D5205	2044				
	Roswell	GA 30077		Transaction ID : BD70738D243B5303	3214		
	Purpose of Disbursement 2016 Primary		011	Amount of Each Disbursement this Per	riod		
	Candidate Name		Category/	2500.00	0		
	Thomas E. Price M.D.		Type	2500.00	J		
	Senate	nent For: 2016 Primary General Other (specify)					
	State: GA District: 06						
_	Full Name (Last, First, Middle Initial)						
В.	Tom Reed for Congress	Date of Disbursement					
	Mailing Address PO Box 10847	ng Address PO Box 10847					
	Rochester	State Zip Code NY 14610-0847		Transaction ID : 4F3307F686177F03	E55		
	Purpose of Disbursement 2016 Primary		011	Amount of Each Disbursement this Per	riod		
	Candidate Name		Category/	3000.00	0		
	Thomas W. Reed II.		Type	3000.00	U		
	Senate	nent For: 2016 Primary General Other (specify)					
_	Full Name (Last, First, Middle Initial)						
C.	Tony Cardenas for Congress	Date of Disbursement					
	Mailing Address 3700 Wilshire Blvd Suite 1050-B	05 20 2015					
	•	State Zip Code CA 90010		Transaction ID : B7FC95CB22E6EBA	48798		
	Purpose of Disbursement	-					
	2016 Primary	Amount of Each Disbursement this Period					
	Candidate Name	1000.00	2				
	Tony Cardenas Office Sought:	Туре	1000.00				
	Senate President	nent For: 2016 Primary General Other (specify)					
_	State: CA District: 29						
s	SUBTOTAL of Disbursements This Page (optional)		<u> </u>	6500.00			
1	TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X)	Hoo consents religible (FOR LINE	-	PAGE 31 OF 31		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orleast orliny	,			
	Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b		
Any information copied from such Reports and Stater						
or for commercial purposes, other than using the nam	ne and address of any politi	ical committee to	solicit contributions	from such committee.		
NAME OF COMMITTEE (In Full)						
Americas Health Insurance Plans F	AC (AMIP PAC)					
Full Name (Last, First, Middle Initial)	Date of Disburser	mont				
A. Treasure State PAC	Treasure State PAC					
Mailing Address 3242 Cummins Way			05 18 2015			
,	State Zip Code		Transaction ID : BA1DA8FD531C3D0377E			
Missoula Purpose of Disbursement	MT 59802		Transaction 12	. 27(127(6) 200 (00200) (2		
2015 Contribution		011	Amount of Each	Disbursement this Period		
Candidate Name		Category/		2500.00		
Treasure State PAC Office Sought: House Disburser	nent For: 2015	Type		2300.00		
Senate Dispurser	Primary General					
President	Other (specify) ▼					
State: District:	Contribution	ı				
Full Name (Last, First, Middle Initial)	,					
B. Volunteers for Shimkus	Volunteers for Shimkus					
Mailing Address PO Box 661	Mailing Address PO Box 661					
,	State Zip Code		Transaction ID	: A28D7A1F88E4258ED5A		
Collinsville Purpose of Disbursement	IL 62234-0661					
2016 Primary		011	Amount of Each	Disbursement this Period		
Candidate Name		Category/		2500.00		
John M. Shimkus	and Fam.	Type		2500.00		
	nent For: 2016 Primary General					
President	Other (specify)					
State: IL District: 15						
Full Name (Last, First, Middle Initial)	Data of Disharman					
C.	Date of Disburser					
Mailing Address	M M / D	D / Y Y Y Y				
City						
Purpose of Disbursement						
		Amount of Fach	Disbursement this Period			
Candidate Name	Candidate Name					
Office Sought: House Disburser	nent For:	Туре				
	Primary General					
President District:	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)				5000.00		
TOTAL This Period (last page this line number only)			1	17500.00		